58-022685 THE DIVISION OF HEALTH OF MISSOURI Health, STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER & Welfore FILED JUN 23 1958 gistration District No. 242 Primary Registration District No. 43 62 Registrar's No. // Public Service 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before New Madrid . STATE Missouri . COUNTY New Madrid . 300 1-57 Inside Limits c. CITY Inside Cimits b. CITY (If outside corporate limits, give TOWNSHIP only) 7720 TOWN Moreholdse Yes Noge Yes No 👽 Morehouse TOWN d.OSTREET c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b (If outside, give location) Reside on Farm **ADDRESS** HOSPITAL OR Route Route # Yes 🖫 No 🗌 Month Year 3. NAME OF DECEASED Middle Lost 4. DATE Day OP (Type or print) 1958 CHARLES DEATH June WISE 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 5. SEX 7. MARRIED XNEVER MARRIED las 69 (hday) Menths 11-20-1888 Ma le White WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Clarksville. Arkansasl USA Farming 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13c FATHER'S NAME Unknown Dora Moore Wise Jim Wise 17. INFORMANT Address 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? POSSIBL (Yes, mar or unknown) (If yes, give war or dates of service) 499-42-1313 Mrs. Buelah Freeman Sikeston. Mo 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH OR RIBBON TYPEWRITE IF IMMEDIATE CAUSE (a) //6 DUE TO (b) Conditions, if any, which gave rise to above cause (a). stating the under-DUE TO (c) lying couse last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terming PERFORMED? () YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE \mathbf{x} П 20c. TIME OF Month, Day, Year Hour INJURY a.m. p.m. 20f. CITY, TOWN, OR LOCATION 072 COUNTY STATE 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, Cotton Field All diseases in Part I WHILE AT THE NOT WHILE THE WORK Morehouse New Madrid Missouri and last saw her alive on 21. I attended the deceased from m on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 22c. DATE SIGNED 20 SIGNATURB (Degree or title) 23d. LOCATION (City, town, or county) BURIAL, CREMATIZA 236. DATE REMOVAL (Specify) Sikeston, Missour: 6-8-58 Bürial Memorial Park Cemetery 26. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Funeral Chapel Sikeston (Licensed Embolmer's Statement on Reverse Side) 1/12

NAC

1. 3 C ...

DATE RECEIVED JUN 17 1958
NEW MADRID CO. HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse	side of this certificate was embalmed
by me, or by	, Student Embalmer No
	λ.

working under my personal supervision.

Student Signature of Student Embalmer

igned Thilip Cassely

P. O. Address Substance

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.